

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3225</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Joseph A Aredas</u> P.O. Box, Bldg., Room No., if any Street <u>13545 Ottoman Street</u> City <u>Arleta</u> State <u>California</u> ZIP Code + 4 <u>91331-6311</u>	4. Name, file number, and address of labor organization. Name <u>IATSE</u> Labor Organization File Number <u>000-172</u> P.O. Box, Building and Room Number, if any Street <u>1430 Broadway, 20th Floor</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10018</u>
5. Position in labor organization. <u>International Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Joseph A. Aredas</u>	On <u>07/08/2005</u> Date	<u>(818) 901-1968</u> Telephone Number

Name of Person Filing Joseph Aredas	File Number U- 3325
--	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Geffner & Bush</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3500 W. Olive Ave.</p> <p>City Burbank</p> <p>State California ZIP Code +4 91505</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Motion Picture Ind. Pension & Health Plans</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 11365 Ventura Blvd.</p> <p>City Studio City</p> <p>State California ZIP Code +4 91604</p>	<p>11.a. Nature of such dealing.</p> <p>1. Legal representation for Unions.</p> <p>2. MPIP&H Fund counsel.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>1. Laker tickets (6) 1/12, 5/27, 12/03</p> <p>2. Dodger Tickets (2) 9/28</p> <p>3. Lunch (2) 12/03</p> <p>4. Wine 12/25</p>
	<p>12.b. Amount. \$1,275</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Joseph Aredas

File Number U- 3225

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PacifiCare Behavioral Health of Calif.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 55307</p> <p>Street</p> <p>City Sherman Oaks</p> <p>State California ZIP Code + 4 91413-0307</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Motion Picture Ind. Pension & Health Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 11365 Ventura Blvd.</p> <p>City Studio City</p> <p>State California ZIP Code + 4 91604-3148</p>	<p>11.a. Nature of such dealing.</p> <p>Health Trust Provider</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>1. Heartbeat of Hollywood Charity Golf Classic. 06/14</p> <p>2. Other Golf (4) unknown</p> <p>12.b. Amount. \$725</p>

Name of Person Filing Joseph Aredas

File Number U- 3225

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Delta Dental</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 7736</p> <p>Street</p> <p>City San Francisco</p> <p>State California ZIP Code + 4 94120</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Motion Picture Ind. Health Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 11365 Ventura Blvd.</p> <p>City Studio City</p> <p>State California ZIP Code + 4 91604-3148</p>	<p>11.a. Nature of such dealing.</p> <p>Health Trust Provider</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>1. Golf (1) unknown</p> <p>12.b. Amount. \$125</p>

Name of Person Filing Joseph Aredas	File Number U- 3225
-------------------------------------	---------------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Int. Foundation of Employee Benefit Plans</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 69</p> <p>Street 18700 W. Bluemound Rd.</p> <p>City Brookfield</p> <p>State Wisconsin ZIP Code + 4 53008-0069</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Motion Picture Ind. Pension & Health Plans</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 11365 Ventura Blvd.</p> <p>City Studio City</p> <p>State California ZIP Code + 4 91604-3148</p>	<p>11.a. Nature of such dealing.</p> <p>Labor/ Management Pension and Trust Fund Foundation Affiliate.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Attendance as a Trustee and as a member of the Education Committee planning sessions for the International Foundations conference.</p> <p>Reimbursement for out of pocket expenses. Airfare, lodging, per diem.</p> <p>Westin Diplomat Resort, Hollywood, Fla. 03/04</p> <p>12.b. Amount. \$4,384</p>